WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

100M-11-24-33

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

MAR 25 1936

Do not use this space.

1. PLACE OF DEATH

County St. Francois — Registration District No. 775 — File No. 7442

Township Perry — Primary Registration District No. 6020-A — Registered No. 12

City Bonne Terre (No. Bonne Terre Hospital St. Ward)

2. FULL NAME George Ellis Straughan

(a) Residence, No. Farmington, Mo. R.R. 4 St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Burta Law Straughan

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 15 1871

7. AGE: 65 YEARS — MONTHS: 1 — DAYS: 9 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Farmer
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.

FATHER
13. NAME: J. C. Straughan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn

MOTHER
15. MAIDEN NAME: Mary E. Swaringen
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Farmington Mo.

17. INFORMANT (ADDRESS): Russell Straughan

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Park View DATE: Feb 26 1936

19. UNDERTAKER (ADDRESS): Cozean Und. Co. Farmington Mo.

20. FILED Feb 26 1936 N. W. Hawkins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Feb. 24, 1936

22. I HEREBY CERTIFY, That I attended deceased from Feby 20, 1936, to Feby 24, 1936
I last saw him alive on Feby 24, 1936. Death is said to have occurred on the date stated above, at 5:30 P m.
The principal cause of death and related causes of importance were as follows:

Acute Dilatation of Heart.

Date of onset

93 C

Other contributory causes of importance: Chronic Myocarditis.

Name of operation: Clinical Date of
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) R. Appleberry, M. D.
(Address) Farmington Mo